FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only
1. NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
ACT NOW PAC	SINC		
ADDRESS (number and s	PO BOX 204		
(Check if address is changed)	NEW YORK		NY 10014 -
COMMITTEE'S E-MAI		CITY▲	STATE▲ ZIP CODE ▲
	PAGE ADDRESS (URL)		
www.actnown			
COMMITTEE'S FAX N	UMBER		
سا لسا			
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA		C C00422485	
4. IS THIS STATEM	ENT X NEW (N) OF	R AMENDED (A)	
I certify that I have examing Type or Print Name of	Androw Woin	knowledge and belief it is true, correct an	nd complete
Signature of Treasurer	Electronically Filed by Andrev	v Weinstein	Date 01 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	·	may subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

	FECForm 1 (Revised 02/2003)	Page 2			
5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate				
	Candidate Office House Senate President	State			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		Democratic, lepublican,etc.) Party.			
	(e) This committee is a separate segregated fund				
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party			
3.	Name of Any Connected Organization or Affiliated Committee				
	None				
l		.			
	Mailing Address	1			
	CITY▲ STATE ▲	ZIP CODE			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organiza	ation			
	Membership Organization Trade Association Cooperative				
	Trade Association Cooperative				

	FEC Form 1	(Revised 02/20	03)			Pa	age 3
٧	Vrite or Type Comm	ittee Name					
	ACT NOW PA	C INC					
7.			y by name, address, (phone num oks and records.	nber optional), and pos	ition of the	e person in	
	Full Name	Andrew W	einstein				
	Mailing Address	_	PO BOX 204				
		_	New York	NY	, 	10014 _	
	Title or Position	1	CITY A	STAT	Έ Α	ZIP COI	DE A
		Treasurer		Telephone number	917	923	4964
	of Treasurer Mailing Address	_	PO BOX 204				
		_	New York	NY	, 	10014 _	
	Title or Position	1	CITY A	STAT	Έ Δ	ZIP CO	DE A
		Treasurer		Telephone number	917	923	4964
	Full Name of Designated Agent	Andrew So	olomon				
	Mailing Address	_	PO BOX 204				
		_		NY	7		
			New York			10014 _	
	Title or Position \	•	New York CITY ▲	STAT		10014	DE A
		/ Assistant Tre	CITY A				DE A 5121

	FEC Form 1 (Revis	ised 02/2003)	Page 4
9.	Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	naintains funds.	ccounts, rents
	Waailing Address	ashington Mutual 466 Lexington Avenue	
	Maining / tod/000		
		New York NY	10017
		CITY A STATE A	ZIP CODE △